



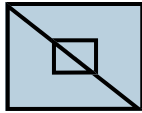
CHELAN DOUGLAS HEALTH DISTRICT

2011 Annual Report

*for the Board of Health
and Community*



Public Health Serving the People of Chelan and Douglas Counties



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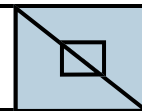
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From the desk of the Administrator:

A lot has changed since I arrived at Chelan-Douglas Health District as administrator in late 2003. We had about 60 staff members then, and now we have less than 30. Here are a few examples of local public health services we have lost since then:

<u>Program/Service Losses</u>	<u>As of 2004</u>	<u>In 2010</u>	<u>Expected in 2012</u>
Home visits by public health nurses for vulnerable babies/families <i>1st Steps, Alternate Response & Early Intervention, Children with Special Health Care Needs (CSHCN)</i>	2,041	115	90
Immunizations given directly by public health nurses.	7,179	3,800	1,000
HIV Prevention -Testing & Counseling	80	19	0
Oral health screenings and other oral health services for children.	323	0	0
Sexually transmitted disease clinic visits (for STDs other than HIV).	513	0	0
Tobacco prevention services aimed at reducing the health impacts of tobacco use on the population, esp. youth. <i>Second hand smoke education, quit Line promotion, teen education/TATU, local smoking policy issues</i>	1.0 FTE working with community & youth	0.75 FTE working with community & youth	0 FTE No funding for local program
Passport - vaccine and medical information provided for foster care kids	108	0	0
Healthy Childcare WA— Childcare health & safety site reviews by a Public Health Nurse	88	91	0

It has been a tough period, but we are increasingly focused on the future. The fewer resources we have for basic public health protections, the more critical it is to use them well.

This report outlines what we're doing with our remaining resources, and that represents some tough decisions by our Board of Health about the minimal public health services that must be maintained in any civilized community.

We are working to stretch our resources as far as possible, consistent with excellence in our programs. It would be easy enough to focus only on our losses, but what I see every day is a group of dedicated people who are determined to provide the best possible public health services with the resources we are given. I am proud of them each and every day, and this annual report shows why.

Sincerely yours,

Barry Kling, Administrator



What is Public Health?

- Public Health works to protect the whole community from health threats like contagious disease or unsafe drinking water.
 - ◊ Public health is not government medical care (a common misconception), but a community-oriented set of prevention services.
 - ◊ Public health is basic to any community, like fire protection and law enforcement.
- ◆ Examples of Public Health Services Include:
 - ◊ Controlling Tuberculosis and other contagious diseases.
 - ◊ Keeping food safe through restaurant inspections.
 - ◊ Protecting at-risk children through public health nursing visits and supplemental foods (WIC).
 - ◊ Disease outbreak investigations, to find and stop the source of infection.
 - ◊ Smoking prevention.
 - ◊ Safe landfills to protect air and water.
 - ◊ Safe septic systems to prevent disease, protect groundwater.
 - ◊ Drinking water protection.
 - ◊ Immunizations to prevent disease, for children and for adults.
 - ◊ Resolving problems with illegal dumps and similar solid waste issues.
 - ◊ Preparedness for health emergencies such as pandemic influenza, fires or weather disasters.
- ◆ Local, state and federal funds support our locally-governed public health departments.

PERSONAL HEALTH



SEXUALLY TRANSMITTED DISEASES (STD)

STD's	2008	2009	2010	2011
Chlamydia	291	259	255	279
Gonorrhea	9	4	4	15
*Herpes	51	18	20	30
Syphilis	0	1	2	0
Total	351	282	281	324

* INITIAL DIAGNOSIS

Sexually Transmitted Diseases

(STDs) remain the highest reported conditions for Chelan and Douglas Counties. This occurred across WA.

An Increase in Gonorrhea Rates

The increase in rates does not follow the expected race or sex trends.

Other counties in the state have experienced similar rate increases.



HIV/AIDS

CASE MANAGEMENT

Medical Case Management

Services are provided for HIV/AIDS positive individuals. Case management assesses and plans for medical care, insurance, medication adherence, risk reduction behaviors, and disease tracking. Referrals are provided for housing, dental, legal and mental health issues identified.

2009 2010 2011

2	8	4	# of Newly diagnosed HIV infections
*77	19		# Unduplicated Clients for HIV Tests
*	27		# of HIV Client Visits for testing
35	39	32	# of clients in Case Management

COMMUNICABLE DISEASES

TB TUBERCULOSIS

In April 2011, we ceased providing medication and case management to patients with latent TB infection. To prepare the private sector to treat this group of patients, we provided both formal and informal education for physicians and nurses, a "toolkit", as well as ongoing consultation services.

2012 Goals: Provide support and education to the community, Implementation of the new Washington State Dept. of Health TB performance measures, Focus on case finding, and case management of patients with TB disease (i.e., "active TB").

2010	2011	TB
374	135	# of unduplicated Clients that Received TB Services at PH
181	30	# of unduplicated Clients that Received Treatment at PH
4	2	# of unduplicated Clients that had Active TB at PH
338	320	# of Clients visits provided at PH
511	23	# of people traced as contacts for active TB clients at PH



SURVEILLANCE AND REPORTING



Reported Conditions	2008	2009	2010	2011
Legionella				1
Infant Botulism				1
Perinatal Hepatitis B Virus				2
Cocci				1
Relapsing Fever				1
Q Fever				1
Hepatitis C (chronic)	108	82	70	58
Animal Bites	2	16	45	5 *pep
Salmonella	9	12	13	9
Giardia	2	4	10	6
Campylobacter	7	6	18	13
Shigella	4	2	1	0
Hepatitis B (chronic)	1	2	7	5
Pertussis	1	0	1	2***
E. coli (all shiga toxin producing)	0	1	3*	2
<i>Haemophilus influenzae type b (Hib)</i>	0	1	0	0
<i>West Nile Virus</i>	0	0	1**	0
Total	134	126	169	107

Reporting for Chelan and Douglas Counties in 2011

*All shiga toxin producing E.coli (not just O157) are now reported in WA state

**Infection acquired out of state

*** plus 1 probable

pep—tracking rabies prophylaxis only

In February 2011 changes to the Washington Administrative Code (WAC) 246-100 took effect.

*Changes in 2011

Removing animal bites The language now asks providers to report bites only where there is a suspected human exposure to rabies.

Reporting influenza-associated deaths, and

Adding several new conditions.

These include illnesses due to specific arboviral infections, *Burkholderia*, domoic acid, novel influenza, SARS, smallpox, vaccinia transmission, vancomycin-resistant *S. aureus* (VRSA), varicella-associated death, and viral hemorrhagic fever

WAC 246-100 is the legal basis for requiring the reporting of notifiable conditions by medical providers to the local public health jurisdiction.



2008	2009	2010	2011	
52	32	14	16	# of calls for WNV or Rabies
15	1	10	6	# of animals tested for Rabies
1	0	1	1	# of animals positive for Rabies
1	11	1	1	# of animals tested for WNV
0	0	0	0	# of positive samples for WNV



Surveillance activities include seasonal monitoring for diseases like West Nile Virus (WNV) & Rabies.



VACCINE PREVENTABLE DISEASES

IMMUNIZATION

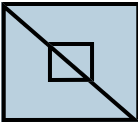
CHALLENGES

Maintaining high immunization rates for 2 year-old children and our adolescent population, reducing school exemption rates, educating vaccine hesitant parents about the risks associated with not vaccinating, and assuring access to immunizations in rural communities

We continue work to increase the uptake of new and underused child hood and adolescent vaccines, by discussing ways to recall patients and offer immunizations at every office visit with our local vaccine providers.

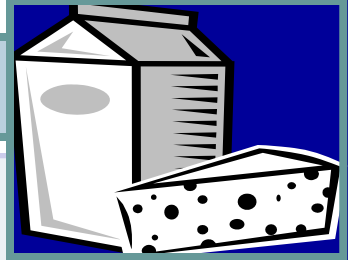
2009	2010	2011	
50	34	29	# of Public Health Shot Clinics for Seasonal Flu Outreach
11	7	14	# of VFC Provider Sites Visited
27	29	24	# of Educational Updates for VFC Providers
57	60	29	# of Immunization Clinics Held
2,223	371	161	# of Vaccines Given to Children
3,777	3,073	675	# of Adult Vaccinations
4,685	3,937	836	# of Flu Vaccinations Given by PH

Note: No longer have a travel clinic at CDHD



WOMEN INFANTS AND CHILDREN

Even though most are working the majority of WIC families in both counties are living in poverty.

W
I
C

2009	2010	2011	
69%	67%	66%	% of births in Douglas Co. served by WIC
70%	69.5%	72%	Douglas Co. WIC families living in poverty
78%	75.8%	76%	Douglas Co. % of WIC working families
69%	67%	68%	% of births in Chelan Co. served by WIC
73%	75.7%	78%	Chelan Co. WIC families living in poverty
82%	79.7%	79%	Chelan Co. % of WIC working families

1,543 The Total Number of WIC Clients

A Healthy Start

Helping pregnant women, new mothers, and young children eat well, learn about nutrition and learn how to stay healthy. CDHD WIC provided \$565,832 for WIC clients to buy healthy foods.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

This program provides public health nurse (PHN) visits for children (birth to 18 years of age) who have physical, behavioral or emotional conditions that require services beyond those required by children in general.

Examples include developmental delays, cancer, Down's syndrome, and premature birth.

The PHN facilitates access to health care needs, provides care coordination, supports family centered care, teaches advocacy skills and promotes the coordination of care across systems.

Case Management



2009	2010	2011	
51	37	33	# of New Referrals Received
139	115	89	# of Home Visits by PHN
-	-	23	# of New Clients
-	-	45	# of Total Clients in Program



The ABCD Program was named a "best practice" by the American Academy of Pediatric Dentistry in 2000

In 1994 a group of concerned dentists, dental educators, public health agencies, the state dental association, and State Medicaid representatives came together to address the problem of the severe lack of dental access by Washington State's high risk preschool children. The proposed solution was the development of the Access to Baby and Child Dentistry (ABCD) Program. ABCD focuses on preventive and restorative dental care for Medicaid-eligible children from birth to age six, with emphasis on enrollment by age one. It is based upon the premise that starting dental visits early will yield positive behaviors by both parents and children, thereby helping to control the caries process and reduce the need for costly future restorative work.

Program funding was cut on 12/31/10, but grant funding was awarded and the program was re-instated on 7/01/11.

We received a two year grant on July 1st that helps support ABCD oral health program staff time.

2009	2010	2011	
55	286	84	# of New ABCD Clients
986	1,146	707	# of Children Enrolled in ABCD
6	6	6	# of ABCD Dentists
0	1	0	# of New ABCD Dentists

COMMUNITY HEALTH & PREPAREDNESS

ORAL HEALTH COALITION



The Chelan-Douglas Oral Health Coalition explores access issues for oral health care in our community.

2008	2009	2010	2011	
59	67	88	98	# of Pregnant women receiving referrals to dental care.

PREPAREDNESS ACTIVITIES



2010	2011	Preparedness Systems in Place Were Used
53	57	# of after hours calls for 24/7 System for the Public and MD's to call PH
6	16	# of public health alerts sent to health care partners and other partners
1	0	# of ICS activations for a public health event
3	3	# of times we activated the ICS system for Exercises



REGION 7 DISASTER PREPAREDNESS HEALTHCARE COALITION



Health Care Partners Serving Chelan, Douglas, Grant,
Kittitas & Okanogan Counties
Work Together to Improve Regional Response

Mission

*Planning for medical surge capacity & capability for region-wide
resource management in large scale health emergencies.*

In 2010-2011 the coalition identified locations for shelters and purchased equipment for four 25 bed trailers for use as Tier II medical needs shelters. Each trailer contains 25 beds and general cache equipment needed to operate a shelter. The coalition exercised opening a 100 bed shelter in May of 2011 at Town Toyota Center using Regional and County Control Hospital roles under a United Incident Command. The Coalition voted to expand these resources in June of 2011 and add a fifth cache trailer.

REGIONAL RESOURCES

- **Regional All Hazards Plan**
- **Alternate Care Site Plans**
- **Mass Fatality Planning**
- **Hospital Emergency Radio Communication System**
- **Emergency Use Satellite Phones**
- **Hospital Equipment**
- **Region 7 Healthcare MOU**
- **Pharmaceutical Supplies**
- **Staff Training**
- **Library Resources Grant**
- **Regional Exercises**
- **5 25-Bed Medical Surge Cache Trailers**

ALTERNATE CARE FACILITY TRAILERS

The coalition took action to complete a fifth tier II medical needs trailer, a fifth 25 bed cache trailer, for a medical surge emergency response. These trailers can be used for local, county, regional or state disaster response needs. By June of 2012 the fifth trailer will give us 125 bed surge capacity. The workgroup plans to standardize the trailers during 2011-12.

MASS FATALITY PLANNING

Work is ongoing for the regional mass fatality plan. Emergency Management, coroners and funeral directors helped identify local and regional resources and gaps. The identified mass fatality resource gaps will be added to our prioritization list as we go forward and as funding allows.

I - 97 CORRIDOR COMMUNICATION SYSTEM

The need for redundant communications between healthcare partners, especially our 12 hospitals in Region 7 during emergencies, was highlighted as a critical need by Department of Health (DOH). Our Coalition was able to request special grant funding to purchase a radio system that allows for communication between all Region 7 hospitals. Issues were identified during the 2011 exercise and the system will be tested again during the 2012 exercise. The system is almost 100% operational.

WA-TRAC—HOSPITAL BED TRACKING

This bed tracking system now has modules for emergency response that will become available to us later as funding allows.

VITAL RECORDS



Staff issue local birth and death certificates for the community. The forms are also available on our **website** for customer convenience. <http://www.cdhd.wa.gov/BirthandDeathCertificates.htm>

	2009	2010	2011	
	*8719	*8173	-	* Combined total of birth & death certificates issued
	-	-	3,607	# of Birth Certificates Issued
	-	-	5,001	# of Death Certificates Issued
	1,569	1,273	Not avail.	# of BIRTHS Numbers will be released by DOH later this year. They will be late due to funding cuts and reduced staffing.
	968	986	1,080	# of DEATHS

ENVIRONMENTAL HEALTH

FOOD SAFETY



The Center for Disease Control recently estimated that food borne illness results in 48 million illnesses, 128,000 hospitalizations, and 3,000 deaths annually. Most illnesses result from improper cooking & holding temperatures, cross contamination, and poor hygiene.

To protect public health, staff provide basic training to food industry employees, conduct regular inspections of restaurants, review menu and design plans for new restaurants, and investigate food borne illness complaints.

Program Objective: Reduce the number of restaurants seen during the year with >35 critical violation points, or unsatisfactory inspections.

2009	2010	2011	Results for Routine Inspections
39	42	36	# Restaurants with Unsatisfactory Inspections > 35 critical points *
277	262	311	# of Temporary Food Service Inspections conducted

* **Critical Violations** are high risk activities associated with foodborne illness.

2008	2009	2010	2011	
658	671	712	722	Restaurants Permitted Annually
1,053	1,142	1,196	1,146	Inspections Conducted
352	358	423	453	Temporary Food Service Events Permitted
5,230	5,506	5,666	3,981	Food Workers Educated & Issued Cards
66	69	61	64	Food Safety Complaints Investigated



LABORATORY SERVICES



Drinking water contaminated with nitrates and/or coliform bacteria has the potential to cause human illness. To protect public health, staff analyze drinking water samples for the presence of coliform bacteria and nitrates and process various medical samples.

2008	2009	2010	2011	
2,343	2,188	2,086	1,930	Water Samples Analyzed
233	272	331	117	Medical Samples Processed

WATER RECREATION

Pools, spas and water parks are a potential source for waterborne illnesses, unintentional injuries and accidental drowning. To protect public health, staff review plans for proposed facilities, investigate complaints, and conduct health and safety inspections on all permitted facilities.



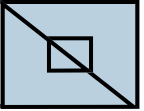
2008	2009	2010	2011	POOLS
180	184	183	183	Water Recreational Facility Permits Issued
288	338	283	352	Water Recreational Inspections Conducted

DRINKING WATER



Contaminated drinking water is a known cause of serious waterborne illnesses. To protect public health, staff review development proposals for the presence of approved water sources, conduct site evaluations for new water systems, and monitor water quality data for operating water systems.

2008	2009	2010	2011	
-	-	0	3	# of Boil Water Health Advisories
-	-	0	289	# of people affected by Advisories
120	122	75	72	New Private Water Sources Evaluated
13	9	8	7	New Public Water Systems Reviewed
11	12	30	17	Sanitary Surveys Completed Group A & B



CHEMICAL & PHYSICAL HAZARDS



To protect public health, staff assist local law enforcement during investigations of suspected methamphetamine labs and post contaminated properties as "Unfit for Use" when appropriate. Once posted, staff provide technical assistance to the property owners concerning required cleanup measures.

Program Objective: Prevent public exposure to hazardous chemicals used in illegal drug production and other activities.

2008	2009	2010	2011	
4	3	4	2	Properties Under Assessment for Meth Lab Contamination
5	1	0	0	Initial Investigations Conducted on Suspected Contaminated Properties
4	11	6	3	Site Hazard Assessments Completed



ONSITE SEPTIC AND LAND USE

To protect public health & the environment from the affects of improper wastewater disposal, staff evaluate proposed installation sites, review the design & construction of new septic systems, license industry professionals, and investigate reports of failing septic systems.

Program Objective: Insure timely investigation and correction of reported septic system failures.

2009	2010	2011	
13	12	14	# Failing septic systems with corrective action initiated within 14 days
230	213	203	New Onsite Septic Permits Issued
55	56	104	Repair Onsite Sewage Permits
225	114	97	Land use applications reviewed
106	123	123	Septic Industry Professionals Licensed

SOLID & HAZARDOUS WASTE



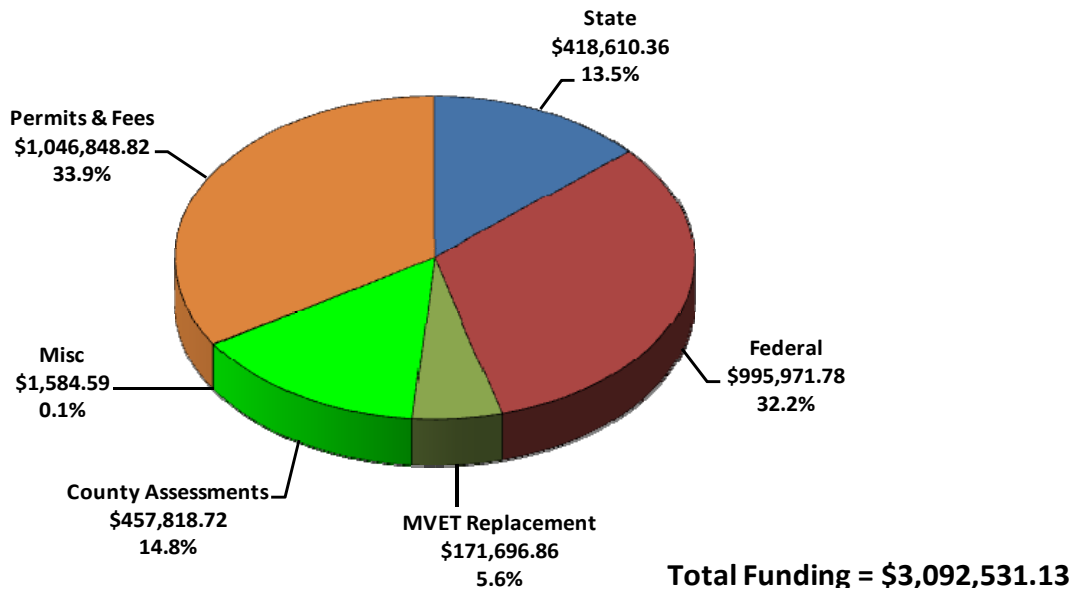
Improper waste disposal has the potential to attract disease carrying vermin and adversely impact air & water quality. To protect public health, staff investigates complaints concerning solid waste accumulations & illegal dumping, regulate the operation of solid waste facilities, review design plans for proposed solid waste facilities, and monitor the maintenance of closed landfills.

Program Objective: Maintain a 90% success rate for resolving solid waste complaints.

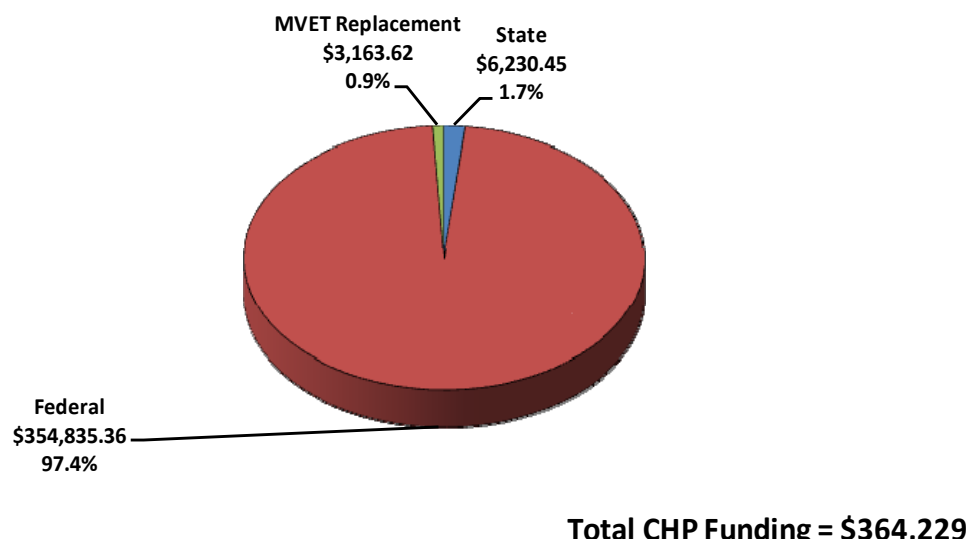
2009	2010	2011	
77	77	60	# of Solid Waste Complaints
100%	99%	95%	Solid Waste Complaints Investigated & Resolved
12	10	11	Solid Waste Facilities Permitted
48	40	42	Solid Waste Facility Inspections Conducted
12	11	12	Bio-solids Compliance Inspections Conducted
3	4	4	Closed Landfills Monitored

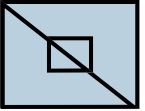


2011 Agency Funding Sources

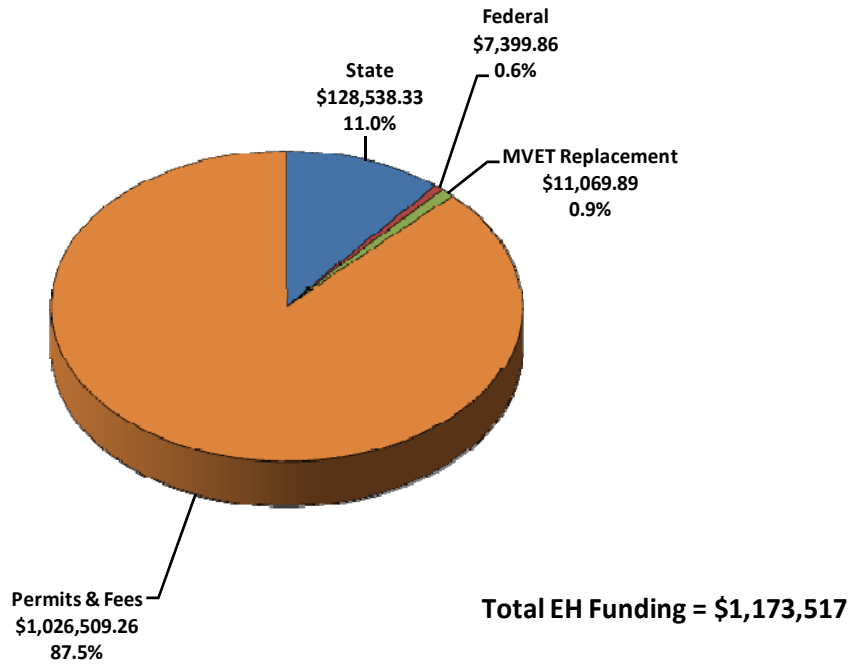


2011 Community Health Preparedness Funding Sources

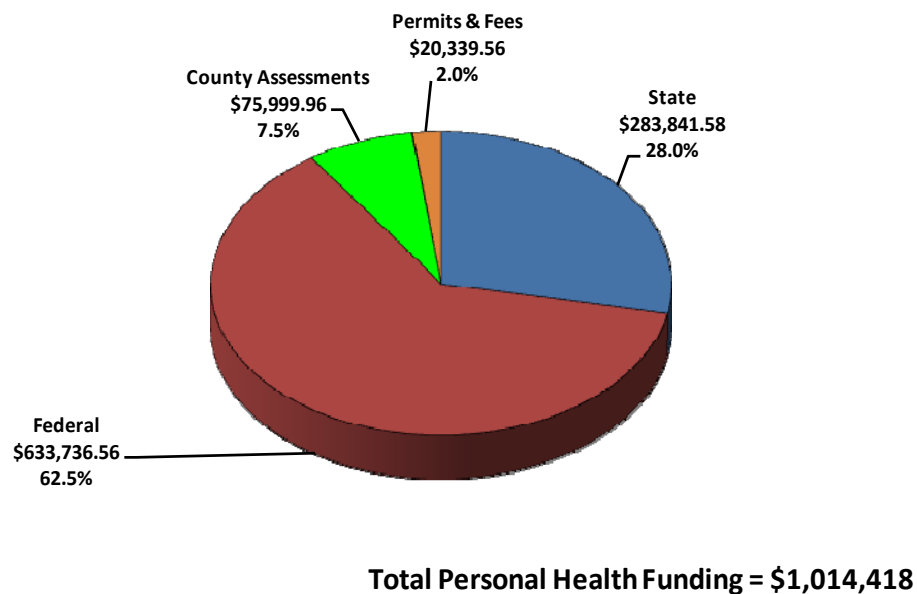




2011 Environmental Health Funding Sources

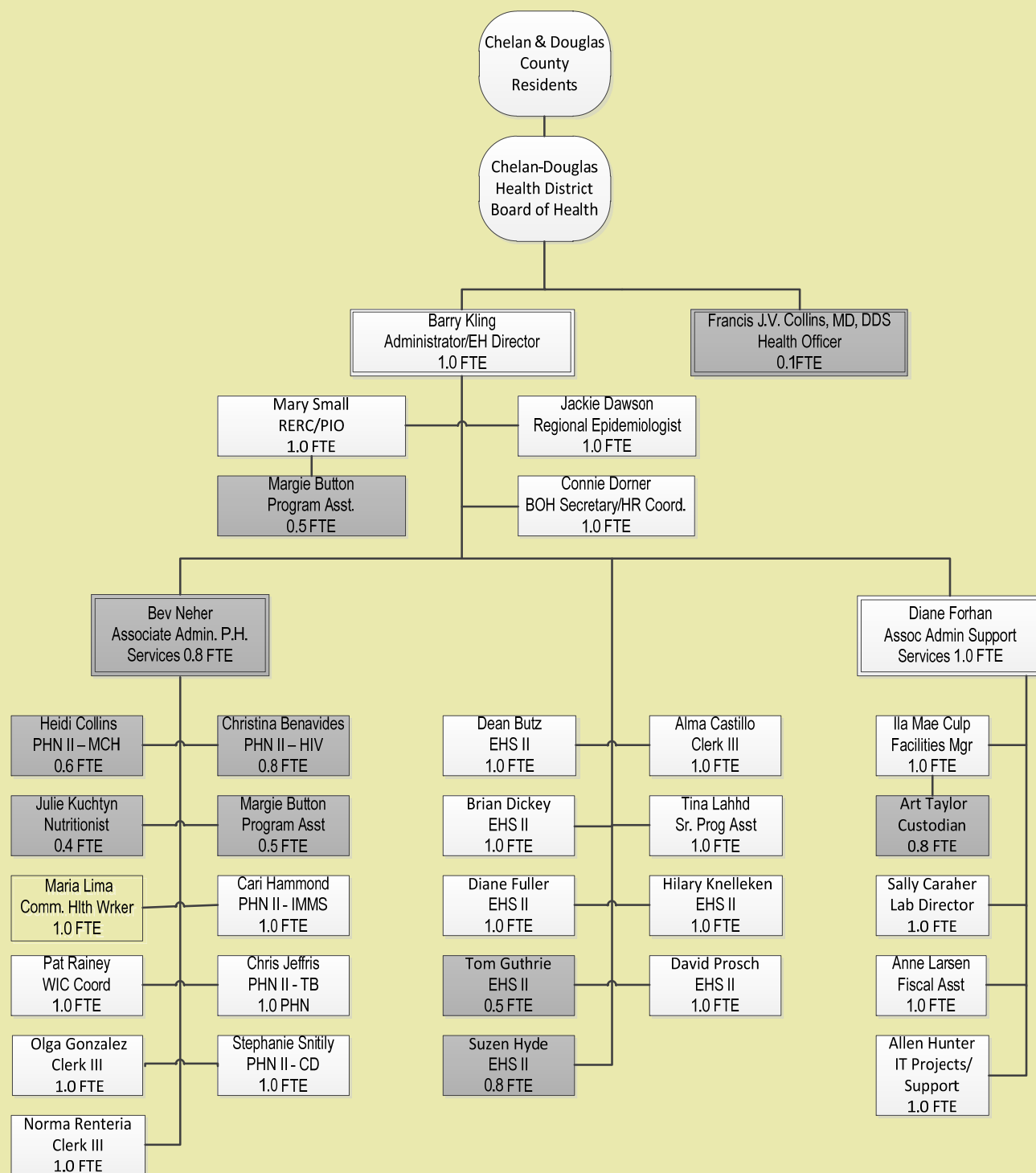


2011 Personal Health Funding Sources



Chelan-Douglas Health District 2011 Organization Chart

Revised June 2011



Part-time or Split Positions

